

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/594,883

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		3				
5		4				
6		5				
7		6				
8		7				
9		8				
10		9				
11		10				
12		11				
13		12				
14		13				
15		14				
16		15				
17		16				
18		17				
19		18				
20		19				
21		20				
22	1					
23	1	1				
24	1	2				
25		3				
26		4				
27	1					
28	1	1				
29		2				
30		3				
31		4				
32		5				
33		6				
34		7				
35		8				
36		9				
37		10				
38		11				
39		12				
40		13				
41		14				
42		15				
43		16				
44		17				
45		18				
46		19				
47		20				
48		21				
49		22				
50		23				
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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97						
98						
99						
100						
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.	←		30	←	←	
TOTAL CLAIMS			23			